

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|---|--|--|----------------|--------------------|-------------------------------------|--------------|-------------|--|--------------------------------------|-----------|--|
| 1. Name and Address of Committee LA ASSISTED LIVING ASSOCIATION PAC P.O. Box 10258 New Iberia, LA 70562 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">3/3/2014</div> | Report Number: 40125 Date Filed: 3/3/2014 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">0</div> | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>MILTON OURSO</td> <td>Chairperson</td> <td>2906 Tradition Avenue Baton Rouge, LA 70810</td> </tr> <tr> <td>EXECUTIVE DIRECTOR SHARLA ALOISIO</td> <td>Treasurer</td> <td>2500 CoCo Palm Drive New Iberia, LA 70563</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | MILTON OURSO | Chairperson | 2906 Tradition Avenue Baton Rouge, LA 70810 | EXECUTIVE DIRECTOR SHARLA ALOISIO | Treasurer | 2500 CoCo Palm Drive New Iberia, LA 70563 |
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| MILTON OURSO | Chairperson | 2906 Tradition Avenue Baton Rouge, LA 70810 | | | | | | | | | |
| EXECUTIVE DIRECTOR SHARLA ALOISIO | Treasurer | 2500 CoCo Palm Drive New Iberia, LA 70563 | | | | | | | | | |
| 6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) | | | | | | | | | | | |
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| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> <u>Subsidiary Committee</u> | | | | | | | | | | | |
| b. Name of Candidate | | c. Office Sought by the Candidate | | | | | | | | | |
| 9. a. Name of Person Preparing Report EXECUTIVE DIRECTOR SHARLA ALOISIO b. Daytime Telephone (337)577-2024 | | | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>3rd</u> day of <u>March</u> , <u>2014</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Milton Ourso</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>(225)658-8888</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Sharla Aloisio</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> <u>(337)577-2024</u> Daytime Telephone </div> </div> | | | | | | | | | | | |

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

CAPITAL ONE BANK

CAPITAL ONE BANK

b. Address

1123 East Admirale Doyle
New Iberia, LA 70560

1123 East Admirale Doyle
New Iberia, LA 70560